

AMENDMENTS TO THE CLAIMS

1. (Currently amended) A computerized method for an automated appeal process for a provider, comprising:

receiving provider identification from a remote provider station computer by an electronic network;

receiving appeal data from the remote station computer by the network, wherein the appeal data comprises data descriptive of a plurality of insurance appeals;

electronically storing the appeal data from the remote station computer in a computerized appeals database;

sending the appeal data to an appeals unit by the network;

receiving appeal status information for a plurality of appeals from the appeals unit by the network; and

sending appeal status information to a provider at the remote station computer by the network, wherein the appeal is a request for reconsideration of a claim adjudicated by an insurer.

2. (Currently amended) A computerized method for an automated appeal process for a user, comprising:

collecting user information and appeal data from a user;

electronically storing the collected data in a computerized database;

sending electronically transmitting the appeal data to an appeals agency;

receiving a status of an appeal from the appeals agency;

storing the status of the appeal in the computerized database; and

sending the status of the appeal to the user, wherein the appeal is a request for reconsideration of a claim adjudicated by an insurer.

3. (Currently amended) A computerized system for an automated appeal process for a user, comprising:

a server computer connected to a remote station computer for receiving appeal data from the remote station computer; and

an electronic database for storing the appeal data, wherein the server computer is further configured or arranged to:

transmit an appeal form to the user at the remote station computer;

receive an appeal form containing appeal data from the user;

process the appeal form to generate an appeal having a predetermined format;

send the formatted appeal to an appeals unit; and

send a status report to the user at the remote station computer, wherein the appeal is a request for reconsideration of a claim adjudicated by an insurer.

4. (Currently amended) A computerized method of automating an appeals process, comprising:

electronically collecting user information from a user and storing the user information;

presenting the user with a claim denial form;

electronically collecting claim denial information and storing the claim denial information in a computerized database;

presenting the user with a patient information form;

electronically collecting patient information and storing the patient information in the computerized database;

presenting the user with a provider information form;

electronically collecting provider information and storing the provider information in the computerized database;

electronically collecting appeal status information on an adjudicated claim and storing the appeal status information in the computerized database;

presenting the user with a check appeal status form; and

electronically collecting check appeal status information and presenting the user with appeal status information based on the check appeal status information collected, wherein the appeal status information relates to a request for reconsideration of a claim adjudicated by an insurer.

5. (Previously presented) The method according to claim 4, further comprising:

presenting the user with a credit card information form; and

collecting credit card information and storing the credit card information.

6. (Previously presented) The method according to claim 4, further comprising presenting an administrative interface including information on an appeal submitted.

7. (Currently amended) A computerized method for an automated appeal process, comprising:

electronically receiving a login request from a user;

electronically presenting displaying a welcome screen to the user;

electronically receiving a first user selection from the user;

presenting electronically displaying a first user screen based on the first user selection;

electronically receiving user identification information from the user;

presenting electronically displaying a second user screen based on the user identification information;

electronically receiving a second user selection from the user; and

presenting electronically displaying a third user screen based on the second user selection,
the third user screen for a new appeal,

wherein the appeal is a request for reconsideration of a claim adjudicated by an insurer.

8. (Currently amended) A computerized method for automating an appeal process,
comprising:

receiving appeal data descriptive of a plurality of appeals from a remote station computer;
electronically storing the collected data in a computerized database;
electronically converting appeal data from one or more of the plurality of appeals to a
predetermined appeal format; and

sending electronically transmitting at least a portion of the converted appeal information to
an appeals unit, wherein the appeal information relates to a request for reconsideration of a claim
adjudicated by an insurer.

9. (Previously presented) The method of claim 8, wherein the conversion further comprises
converting the information to conform with a format described by a public law.

10. (Previously presented) The method of claim 8, wherein the conversion further comprises
converting the information to conform with a format described by a public regulation.

11. (Currently amended) A computerized method for automating an appeal process,
comprising:

receiving appeal data descriptive of a plurality of appeals from a remote station computer;
electronically storing the received appeal data in a computerized database;

electronically converting appeal data from one or more of the plurality of appeals to a predetermined appeal format;

programmatically applying one or more rules to select one or more of the plurality of appeals; and

sending data descriptive of one or more selected appeals to an appeals agency, wherein the appeal information relates to a request for reconsideration of a claim adjudicated by an insurer.

12. (Currently amended) A computerized method for automating an appeal process, comprising:

electronically receiving appeal data descriptive of a plurality of appeals from a remote station computer by an electronic network;

electronically converting appeal data from one or more of the plurality of appeals to a predetermined appeal format;

applying using a computer to programmatically apply one or more rules to select one or more of the plurality of appeals; and

sending data descriptive of one or more selected appeals to an appeals unit, wherein the appeal is a request for reconsideration of a previously adjudicated claim.

13. (Currently amended) A computerized method for an automated appeal process, comprising:

electronically collecting user information and appeal data from a data provider;

electronically storing the collected data in a computerized database;

electronically sending the appeal data to an appeals unit by an electronic network;

receiving a status of an appeal from the appeals unit;

electronically storing the status of the appeal in the computerized database; and

sending the status of the appeal to the data provider, wherein the appeal is a request for reconsideration of a previously adjudicated claim.

14. (Currently amended) A computerized method for an automated appeal process, comprising:

collecting user profile information and appeal data from a data provider; electronically storing the collected data in a computerized appeals database; electronically assigning a unique appeal number to the collected data, the appeal number associating the appeal data with the user profile in a computerized system; sending electronically transmitting the appeal data to an appeals unit by an electronic network; receiving a status of an appeal from the appeals unit; electronically storing the status of the appeal in the appeals database; and sending electronically transmitting the status of the appeal to the data provider, wherein the appeal information relates to a request for reconsideration of a claim adjudicated by an insurer.

15. (Currently amended) A computerized method for an automated appeal process, comprising:

receiving appeal data descriptive of a denial of a benefit, service or payment; automatically selecting a reason for an appeal of the denial, the selection being based upon the appeal data; electronically generating an appeal submission including the selected reason for an appeal and arranged and according to a predetermined format using a computerized system; and

electronically sending the formatted appeal submission to an appeals agency, wherein the appeal relates to a request for reconsideration of a determination of entitlement to benefits or services.

16. (Previously presented) The method of claim 15, wherein the selection of a reason for an appeal is based on results of a previously submitted claim or appeal.

17. (Previously presented) The method of claim 15, wherein the appeal data comprises data descriptive of a plurality of insurance appeals.

18. (Previously presented) The method of claim 15, further comprising extracting available data elements from a standardized data form.

19. (Previously presented) The method of claim 18, wherein the standardized data form is an HCFA 1500, NSF version 2.0 or 3.0 UB92, or ANSI data form.

20. (Previously presented) The method of claim 18, wherein the standardized data form is a HIPAA 835 or HIPAA 837 data form.

21. (Currently amended) A computerized method for an automated appeal process, comprising:

receiving appeal data from a remote station computer;
electronically storing the appeal data from the remote station computer in a computerized database;

computer processing the stored appeal data to identify a basis for an appeal;

automatically generating an appeal submission comprising the identified basis for the appeal and according to a predetermined format; and

 sending the formatted appeal submission to an appeals unit, wherein the appeal relates to a request for reconsideration of a determination of entitlement to benefits or services.

22. (Cancelled)

23. (Currently amended) A computerized method for an automated appeal process, comprising:

 receiving appeal data at a computerized appeals processor, the data comprising:

 data descriptive of a denial of a benefit, service or payment;

 an identification of a state in which a health care service was provided; and

 an identification of a type of health care insurance;

 automatically identifying a regulatory agency appropriate for an appeal using the computerized appeals processor, the identification being based upon the identified state and the type of health care insurance in the received appeal data;

electronically generating an appeal submission comprising the data descriptive of the denial of the benefit, service or payment and arranged according to a predetermined format; and

electronically sending the formatted appeal submission to the identified regulatory agency by an electronic network, wherein the appeal relates to a request for reconsideration of a determination of entitlement to a benefit, service or payment.